DLN: 93493133049089 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the

Treasury

▶ Do not enter social security numbers on this form as it may be made public

 \blacktriangleright Go to $\underline{\textit{www.irs.qov/Form990}}$ for instructions and the latest information.

		nue Service	I .		24 2242							
			alendar year, or tax year begins C Name of organization	ning 01-01-2018 , and ending 12-	31-2018	D Employe	r idantif	cation number				
☐ Ad	ck if ap dress c me cha	-	Center for the Study of Carbon Dioxid and Global Change	86-0902		cauon number						
☐ Ini	tıal retı	-				E Telephone	a numbor					
		return n pending	5219 S Reseda St	ıl ıs not delivered to street address) Room/	suite	(480) 66						
			City or town, state or province, count Gilbert, AZ 85298	G Gross red	eipts \$ 27	6,999						
			F Name and address of principal 5219 S Reseda St	officer		s this a group ret	urn for	□Yes ☑No				
			Gilbert, AZ 85298			re all subordinate	es	☐ Yes ☑ No				
I Ta	x-exem	npt status	☑ 501(c)(3) □ 501(c)() ◄ (1	nsert no) 4947(a)(1) or 527	If	f "No," attach a lı		instructions)				
J W	ebsite	e:▶ ww	w co2science org		H(c) G	roup exemption	number	>				
K Form	n of or	ganızatıon	✓ Corporation ☐ Trust ☐ Associ	ciation Other	L Year of	formation 1998	M State o	of legal domicile AZ				
Pa	art I	Sum	mary		1							
Activities & Governance	ci ti ci p	ontent It urrent co his endea arbon dio henomen	t meets this objective through weel incern and mini-reviews of recently avor, the Center attempts to separa oxide and global change In addition	est to determine the climatic and biolo kly online publication of its CO2 Scienc published peer-reviewed scientific jou tite reality from rhetoric in the emotion n, to help students and teachers gain estructions on how to conduct CO2 enrect	te magazine irnal articles ially-charged greater insig	, which contains s, books, and oth d debate that swi tht into the biolog	editorial: er educa rls arour gical aspe	s on topics of tional materials In nd the subject of ects of this				
> 5 √1	, ,	Check thi	is hox • I if the organization disc	continued its operations or disposed of	more than	25% of its net as	sets					
ŽĮ,				g body (Part VI, line 1a)			3	4				
YC E	4	Number o	of independent voting members of	the governing body (Part VI, line 1b)			4	0				
~			nber of individuals employed in calendar year 2018 (Part V, line 2a)									
	l		,	,,			6					
	l			VIII, column (C), line 12			7a 7b	0				
	B	Net unrei	lated business taxable income from	Form 990-1, line 34		Prior Year		Current Year				
_	8 (Contribut	tions and grants (Part VIII, line 1h)			175,2		276,999				
Ravenue	l		service revenue (Part VIII, line 2g)				04	0				
ō∧ĕ	10	Investme	ent income (Part VIII, column (A), lii		1,9	88	0					
ш	11 (Other rev	venue (Part VIII, column (A), lines 5	i, 6d, 8c, 9c, 10c, and 11e)				0				
	12	Total reve	enue—add lines 8 through 11 (mus	178,0	77	276,999						
	l		nd similar amounts paid (Part IX, co					0				
	l		paid to or for members (Part IX, col					0				
8	l			nefits (Part IX, column (A), lines 5-10)		200,5	14	195,199				
Expenses	١.		onal fundraising fees (Part IX, colum	, , ,				0				
Ę	l		raising expenses (P art IX, column (D), li penses (Part IX, column (A), lines 1	· ———		01.7	24	61,529				
	l		penses (Part IX, column (A), lines i penses Add lines 13–17 (must equa			81,724 61,5 282,238 256,7						
	l		less expenses Subtract line 18 fro	, , , , , ,		-104,1	_	20,271				
Net Assets or Fund Balances					Begin	ning of Current Ye		End of Year				
sset	20	Total ass	ets (Part X, line 16)			259,7	06	281,039				
A As			ollities (Part X, line 26)			5,5		6,596				
ξŢ	22	Net asset	ts or fund balances Subtract line 2	1 from line 20		254,1	72	274,443				
	rt II		ature Block									
know		and belie		ned this return, including accompanyir Declaration of preparer (other than of								
		<u> </u>				2010 05 12						
c:a-		Signati	* ure of officer			2019-05-13 Date						
Sign Here		Crain F	O Idso Treasurer									
			r print name and title									
		P	rınt/Type preparer's name	Preparer's signature	Date		TIN					
Paid	k	L				Check L If p self-employed	00173220					
	pare	r F	irm's name TROY D ODELL CPA PLC	·		Firm's EIN ► 11-3	3678608					
	Onl	ı ⊢	Firm's address ► 1327 W SAN PEDRO STF	REET		Phone no (480) 6	33-6456					
			GILBERT, AZ 85233									
Mav t	he IR	S discuss	GILBERT, AZ 85233	n above? (see instructions)			√ ∨	 es □ No				

Form	990 (2018)					Page 2
Pa	till Statemen	t of Program Service	Accomplis	hments		
	Check if Sch	edule O contains a respor	nse or note to a	any line in this Part III		🗆
1		organization's mission		•		
devel meet revie to se help	lopments in the world is this objective throu ws of recently publish parate reality from rh students and teacher	d-wide scientific quest to o igh weekly online publicat ned peer-reviewed scienti netoric in the emotionally- is gain greater insight into	determine the color of its CO2 in the color of its CO2 in the color of	climatic and biological of Science magazine, which les, books, and other e e that swirls around the aspects of this phenom	te factual reports and sound commonsequences of the ongoing rise in h contains editorials on topics of cuducational materials. In this endeate subject of carbon dioxide and globenon, the Center maintains on-line tited in its Education Center sect	the air's CO2 content It irrent concern and mini- yor, the Center attempts bal change In addition, to
2	Did the organization	n undertake any significar	nt program serv	vices during the year wi	nich were not listed on	
	-	or 990-EZ?				☐ Yes 🗹 No
	If "Yes," describe th	nese new services on Sche	edule O			
3	Did the organization	n cease conducting, or ma	ike significant i	changes in how it condu	ıcts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe th	ese changes on Schedule	0			
4	Section 501(c)(3) a		ns are required	to report the amount of	largest program services, as meast f grants and allocations to others, t	
4a	(Code) (Expenses \$	256,728	including grants of \$) (Revenue \$)
	See Additional Data					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program com	vices (Describe in Schedul	. 0)			
-1 u	(Expenses \$,	e O) ding grants of	\$) (Revenue \$)
40	Total program sei		256,7	<u> </u>	, (
4e	Jear program sei	THE EXPENSES F	230,7			

Form 990 (2018) Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Nο Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 Nο Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο R Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Νo assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🔧 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its
 - total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏
- Nο 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸 11e No
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Nο
- the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏
- 12a Did the organization obtain separate, independent audited financial statements for the tax year?
- 12a Nο
- b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Nο

Nο

Νo

Nο

Nο

Nο

Νo

Nο

Νo

No

Form **990** (2018)

14h

15

16

17

18

19

20a

20b

21

	Charles of Barrier and Cabrat Land (control of)			Page
Par	Checklist of Required Schedules (continued)	1	V	NI-
:3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	No No
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
ā	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
i	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
•	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
1	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
i	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
'ai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
_		Ī	Yes	No

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

b If "Yes," has it filed a Form 720 to report these payments If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

14b

15

Nο

Form **990** (2018)

Form	990 (2018)			Page 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	•	nse to	lines 🗸
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year a		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			1
а	The governing body?	8a		No
b	Each committee with authority to act on behalf of the governing body?	8b		No
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	: Code		N1 -
10-	Did the everywation have local chapters, branches, or affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b		INO
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			No
b	taxable entity during the year?	16a		
6-	taxable entity during the year?	16a 16b		
	taxable entity during the year?			
S e	taxable entity during the year?			
	taxable entity during the year?			
17 18	taxable entity during the year?			
17	taxable entity during the year?			

Name and Title

(F)

Estimated

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

Reportable

Reportable

compensated employees, and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(B)

Average

Position (do not check more hours per than one box, unless person compensation compensation amount of other is both an officer and a compensation week (list from the from related any hours director/trustee) organization organizations from the for related (W- 2/1099-(W-2/1099organization and Individual to director employ Highest compensat Former Κė, organizations MISC) MISC) related Institutional below dotted organizations emplo line) Ø. trustee Trustee Ė 40 00 (1) Craig D Idso Х Х 86,250 0 Treasurer 0 00 0.00 (2) Sherwood B Idso Х 0 President 0 00 30.00 (3) M Anne Idso Х 86,250 0 Secretary 0.00 0 00 (4) Keith Idso Х 0 Ω Vice President 0 00

Form 990 (2018)										Page 8
Part VII Section A. Officers, Direc	tors, Trustees	, Key I	Emp	loye	es,	and I	High	est Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι in of	t che unles ficer	s pers	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	Ž/1099-MISC) Ž/1099	2/1099-MISC)	organization and related organizations
			i	†	_					

	4		at e-d		
			·		

Lb Sub-Total								
d Total (add lines 1h and 1c)						-	172 500	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

2 3 4

	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	1						
	ındıvıdual	4	ĺ	No				
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person								
Se	Section B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of contractors.	npensa	ition					

	ındıvıdual	4		No				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No				
S	Section B. Independent Contractors							
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.							

from the organization. Report compensation for the calendar year ending with or within the organization is tax year							
(A)	(B)	(C)					
Name and business address	Description of services	Compensation					
-							

2	2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of						

Form **990** (2018)

compensation from the organization ▶ 0

Part						
	Check if Schedule O contains a	response or note to an	y line in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a		revenue		512 - 514
nts nts	b Membership dues	1b				
Contributions, Gifts, Grants and Other Similar Amounts	c Fundraising events	1c				
ß, C An	d Related organizations	1d				
Gift Ilar	e Government grants (contributions)	1e				
ıs,	f All other contributions, gifts, grants,					
itioi er S	f All other contributions, gifts, grants, and similar amounts not included above	1f 276,999				
혈	g Noncash contributions included					
ontro	ın lınes 1a - 1f \$					
<u>ت</u> ت	h Total. Add lines 1a-1f		276,999			
ξĘ	3-	Busines	ss Code			
75A-	2a					
Service Revenue	ь —	-				+
۲ <u>×</u>	c	-				
<i>%</i>	d ————————————————————————————————————					
Program	f All other program service revenue					
ě	9Total. Add lines 2a-2f	. ▶	0			
	3 Investment income (including divide	nds, interest, and other	r			
	similar amounts)			0		
	4 Income from investment of tax-exen 5 Royalties		· <u> </u>	0		
	(ı) Real	(II) Personal	<u>- </u>			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		\dashv	0		
	(ı) Securitie	es (II) Other				
	7a Gross amount from sales of					
	assets other than inventory					
	b Less cost or		_			
	other basis and sales expenses					
	C Gain or (loss)		\Box			
	d Net gain or (loss)			0		
ø	8a Gross income from fundraising ever (not including \$ 0					
€	contributions reported on line 1c) See Part IV, line 18	a l				
³e∨	b Less direct expenses	ь				
er	c Net income or (loss) from fundraisi	ng events 🏲		0		
Other Revenue	9a Gross income from gaming activitie See Part IV, line 19	s				
	See Fait IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming a	activities	_	0		
	10aGross sales of inventory, less returns and allowances					
		a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of i			0		
	Miscellaneous Revenue	Business Code	_			
				+	+	
	с					
	d All other revenue			+	1	1
	e Total. Add lines 11a-11d					
	12 Total revenue. See Instructions			0		
			276,99	9		Form 990 (2018)

Part IX	Statement of Functional Expenses
C	(-)(2) I FO1(-)(4)

orm 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			<u> 🗆 </u>
Oo not include amounts reported on lines 6b, 'b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	172,500	172,500		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	9,503	9,503		
LO Payroll taxes	13,196	13,196		
L1 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	2,050	2,050		
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
L2 Advertising and promotion	0			
.3 Office expenses	2,369	2,369		
L4 Information technology	0			
L5 Royalties	0			
L 6 Occupancy	0			
L 7 Travel	7,457	7,457		
L8 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	.,		
L9 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	9,251	9,251		
23 Insurance	3,427	3,427		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	3,127	5,127		
a Website hosting & maintenance	13,358	13,358		
b Auto & truck expenses	8,273	8,273		
c Telephone	4,291	4,291		
d Miscellaneous	2,267	2,267		
e All other expenses	8,786	8,786		
25 Total functional expenses. Add lines 1 through 24e	256,728	256,728	0	0
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Page **11**

0

0

0

281.039

6,596

6.596

274.443

274,443

281,039

Form **990** (2018)

13 14

15

16

17

18

19

20

21

22 23

24

25

26

27 28

29

30

31 32

33

34

5.534

254.172

254,172

259,706

259.706

5,534

	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	69,622	1	84,775
2 Savings and temporary cash investments		2	0
3 Pledges and grants receivable, net		3	0
4 Accounts receivable, net		4	0

	l						
	3	Pledges and grants receivable, net		•		3	0
	4	Accounts receivable, net				4	0
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ted em	ployees Complete		5	0
Assets	7	Loans and other receivables from other disqualit section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	ied pei n 4958 tions o (see in:	rsons (as defined under (c)(3)(B), and f section 501(c)(9) structions) Complete		6	0
\$8	8	Inventories for sale or use		•		8	0
A	9	Prepaid expenses and deferred charges				9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	362,764			
	ь	Less accumulated depreciation	10b	199,760	156,824	10c	163,004
	11	Investments—publicly traded securities .			33,260	11	33,260
	12	Investments—other securities See Part IV, line	11 .			12	0

Tax-exempt bond liabilities . . . Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.} Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances

Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34) .

Intangible assets . . .

Grants payable . .

Deferred revenue . . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Form 990 (2018)

13

14

15

16

17

18 19

20

21

Liabilities

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			276,999
2	Total expenses (must equal Part IX, column (A), line 25)	2			256,728
3	Revenue less expenses Subtract line 2 from line 1	3			20,271
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			254,172
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			274,443
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b		

Additional Data

Software ID: 18007218 Software Version: 2018v3.1

Disseminating factual reports and sound commentary on new developments in the world-wide scientific guest to determine the climatic and biological consequences of the

EIN: 86-0902777

Name: Center for the Study of Carbon Dioxide and Global Change

Form 990, Part III, Line 4a:

ongoing rise in the air's carbon dioxide content

Form 990 (2018)

efile	GR/	APHIC prii	nt - DO NOT P	ROCESS	As Filed Data -			DLN: 9	3493133049089
SCH	IED	ULE A		Public (Charity Statu	e and Duk	alic Sunn	ort	OMB No 1545-0047
	m 990				ganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) c empt charitable	organization oi trust.		2018
•		the Treasury		► Go to	www.irs.gov/Form				Open to Public Inspection
lame	of th	ne organiza						Employer identific	<u> </u>
	for the obal Ch	e Study of Carb lange	on Dioxide					86-0902777	
	tΙ				ı s (All organızatıon			See instructions.	
1е о	rganız	ation is not a	a private foundat	ion because	it is (For lines 1 thro	ough 12, check o	nly one box)		
1		A church, c	onvention of chu	rches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in sectio	n 170(b)(1	L)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3	П	A hospital o	or a cooperative l	nospital serv	ice organization desc	rıbed ın section	170(b)(1)(A)(iii).	
4		A medical r		tion operate	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	(iv). (Complete F	Part II)	_			ernmental unit descri	bed in section 170
6		A federal, s	tate, or local gov	ernment or	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).	
7	✓	section 17	'0(b)(1)(A)(vi)	. (Complete	Part II)			init or from the gener	al public described in
8		A communi	ty trust described	d in section	170(b)(1)(A)(vi)	(Complete Part I	Ι)		
9					scribed in 170(b)(1) ee instructions Enter			with a land-grant coll college or university	ege or university or a
0		from activit	ies related to its	exempt fund elated busine	ctions—subject to cer ess taxable income (le	taın exceptions,	and (2) no more	ns, membership fees, than 331/3% of its su sses acquired by the c	pport from gross
1		An organiza	ation organized a	nd operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
.2		more public	ly supported org	anızatıons d		09(a)(1) or sec	ction 509(a)(2	s of, or to carry out th). See section 509(a : 12e 12f and 12g	
а		Type I. A so	supporting organi	zation opera regularly a	ated, supervised, or c	ontrolled by its s	upported organi	zation(s), typically by of the supporting orga	
b		Type II. A manageme	supporting organ	nization supe ing organiza	tion vested in the sar			organization(s), by ha ge the supported orga	_
С		Type III f	unctionally inte	grated. A s				nd functionally integra	ted with, its
d		functionally	integrated The	organization		fy a distribution	requirement and	th its supported orgar I an attentiveness req	
e							RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Entor		or Type III non-	•	integrated supporting	organization			
g					pported organization(c)			
		lame of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
_									
otal			tion Act Notice,			Cat No 11285		 Schedule A (Form 9	

(b)(1)(A)(ix)

Page 2

	(Complete only if you che III. If the organization fa						ıfy under Part
	ection A. Public Support	no to quanty und	aci tile tests list	ca below, picase	c complete rait	,	
_	Calendar year						455
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	671,045	170,523	212,734	163,529	276,999	1,494,830
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						0
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						0
	the organization without charge						
4	Total. Add lines 1 through 3	671,045	170,523	212,734	163,529	276,999	1,494,830
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						743,250
	supported organization) included on						743,230
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						751,580
	line 4						731,360
S	ection B. Total Support						
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(a)2014	(0)2013	(0)2010	(u)2017	(6)2010	(1)Total
7	Amounts from line 4	671,045	170,523	212,734	163,529	276,999	1,494,830
8	Gross income from interest,						
_	dividends, payments received on	21,880	12.224	341	1,988		36,443
	securities loans, rents, royalties and	21,880	12,234	341	1,988		30,443
	income from similar sources						
9	Net income from unrelated business						
_	activities, whether or not the						0
	business is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						0
	(Explain in Part VI)						
11	Total support. Add lines 7 through						1,531,273
	10						1,331,273
12	Gross receipts from related activities, e	tc (see instruction	ns)			12	
13	First five years. If the Form 990 is for	r the organization'	s first second thu	rd fourth or fifth	tay year as a sect	ion 501(c)(3) or	anization
		_			-		<u></u>
	check this box and stop here						
_ S	ection C. Computation of Public						
14	Public support percentage for 2018 (lin	e 6, column (f) dıv	vided by line 11, co	olumn (f))		14	49 080 %
15	Public support percentage for 2017 Sch	nedule A, Part II, li	ne 14			15	49 150 %
162	33 1/3% support test—2018. If the	organization did n	at check the box o	on line 13, and line	14 is 33 1/3% or	more, check this	box
IUa						more, eme	▶ ☑
	and stop here. The organization qualif				45 22	-0/	
ь	33 1/3% support test—2017. If the	e organization did	not check a box or	n line 13 or 16a, ai	nd line 15 is 33 1/	3% or more, che	_
	box and stop here. The organization	qualifies as a publ	icly supported org	anızatıon			▶□
17a	10%-facts-and-circumstances test	-2018. If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14	
	is 10% or more, and if the organization	n meets the "facts-	and-circumstance	s" test, check this	box and stop her	re. Explain	
	in Part VI how the organization meets t						
	organization			- '	,		►□
١.	_	+ 2017 If the	aanization did sat	ahaali a hay an lin	. 12 162 164 a	r 17a and line	₽ 🗀
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organization						
	Explain in Part VI how the organization	n meets the "facts	-and-circumstance	s" test. The organ	uzation qualifies a	s a publicly	
	=p.a rait vi nove the organization		aa ccambaanice	cost incongan	a quaiiiica a	pasiiciy	

Р	art III	Support Schedule for						
		(Complete only if you c the organization fails to						der Part II. If
Se	ection A. I	Public Support	quality under t	.ne tests listeu	below, please co	ompiete Part II.)		
	C	alendar year	(a) 2014	(b) 2015	(c) 2016	(4) 2017	(e) 2018	(f) Total
	(or fiscal	year beginning in) 🕨 📗	(a) 2014	(B) 2015	(6) 2016	(d) 2017	(e) 2018	(I) Iotai
1		its, contributions, and hip fees received (Do not						
		y "unusual grants ")						
2		eipts from admissions,						
		se sold or services , or facilities furnished in						
	,	y that is related to the						
		on's tax-exempt purpose						
3		eipts from activities that are						
	not an unr under sect	related trade or business						
4		ues levied for the						
		on's benefit and either paid						
_		nded on its behalf						
5		of services or facilities by a governmental unit to						
		zation without charge						
6	Total. Add	d lines 1 through 5						
7a		ncluded on lines 1, 2, and						
h		from disqualified persons ncluded on lines 2 and 3						
		rom other than disqualified						
		at exceed the greater of						
	\$5,000 or 13 for the	1% of the amount on line						
c	Add lines	· .						
8		pport. (Subtract line 7c						
	from line 6							
Se		Total Support		ı	1	, ,		
		alendar year year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	•	from line 6						
L0a	Gross inc	ome from interest,						
		, payments received on						
		loans, rents, royalties and om similar sources						
Ь		business taxable income						
		ion 511 taxes) from						
	businesse 1975	es acquired after June 30,						
c		10a and 10b						
11		ne from unrelated business						
		not included in line 10b,						
		or not the business is carried on						
12		ome Do not include gain or						
	loss from	the sale of capital assets						
12		n Part VI) pport. (Add lines 9, 10c,						
13	11, and 1							
14		years. If the Form 990 is fo	r the organization	's fırst, second, t	hird, fourth, or fift	h tax year as a sec	tion 501(c)(3)	organization,
	check this	box and stop here						▶ 🗆
		Computation of Public s			1 (6))			
15		port percentage for 2018 (lin		•	column (f))		15	
16 S	· · · · · · · · · · · · · · · · · · ·	port percentage from 2017 S					16	
		Computation of Investint income percentage for 201			line 13. column (f	7))	17	
1 <i>7</i> 18		nt income percentage from 2			,(1	,,	18	
		upport tests—2018. If the	•	•	on line 14, and lin	ne 15 is more than		ne 17 is not
		33 1/3%, check this box and s						▶ □
		support tests—2017. If the	-					· —
,		than 33 1/3%, check this box	_					▶□
20		nundation. If the organization		-				. □

Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Schedule A (Form 990 or 990-EZ) 2018

answer line 10b below

the organization had excess business holdings)

2

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents?

If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections

501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

D.	art IV Supporting Organizations (continued)			age 3
	Gupporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
_	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	Section B. Type I Supporting Organizations			
	ection B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization		L	L
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	Section D. All Type III Supporting Organizations			
	ection B. Air Type 111 Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons)		
	a The organization satisfied the Activities Test Complete line 2 below			
	b The organization is the parent of each of its supported organizations Complete line 3 below			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2 a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
_		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	26		

instructions)

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiz	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	tegrate	d Type III supporting oi	ganization (see

Page 6

a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater

than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. **b** Excess from 2015. c Excess from 2016. d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Additional Data

Return Reference

Software ID: 18007218 Software Version: 2018v3.1

EIN: 86-0902777

Name: Center for the Study of Carbon Dioxide and Global Change

Explanation

Page 8

Schedule A (Form 990 or 990-EZ) 2018 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV,

Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D. lines 5, 6, and 8, and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

OMB No 1545-0047

DLN: 93493133049089

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** Center for the Study of Carbon Dioxide and Global Change 86-0902777 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenue included on Form 990, Part VIII, line 1

Par	t IIII	Organizations Ma	aintaining Col	lections o	of Art, Hi	stori	cal T	reasu	ires, o	r Other	Similar A	ssets (coi	ntınued)	
3		the organization's acq (check all that apply)	uisition, accessio	n, and other	records, c	check	any of	the fo	llowing t	that are a	significant i	use of its c	ollection	
а		Public exhibition				d		Loan	or exch	ange prog	grams			
b		Scholarly research				e		Othe	r					
С		Preservation for future	e generations											
4	Provid Part X	e a description of the III	organization's col	llections and	l explain h	ow the	ey furtl	her the	e organiz	zation's e:	xempt purpo	ose in		
5		g the year, did the orga to be sold to raise fur									nılar	☐ Yes		lo
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.			" on Form	า 990	, Part	IV, lı	ne 9, o	r reporte	ed an amou	unt on Foi	m 990,	Part
1a		organization an agent ed on Form 990, Part I		an or other	ıntermedia	ry for	contri	bution	s or oth	er assets	not	☐ Yes		lo
b	If "Yes	s," explain the arrange	ement in Part XIII	and comple	ete the follo	owina	table				Δ	mount		_
c		ning balance	inche in ruit XIII	and comple	ete the follo	O T T T T	tabic			1c				_
d	-	ons during the year								1d				_
е		outions during the year	r							1e				_
f		p balance								1f				_
2 a	Dıd th	e organization include	an amount on Fo	orm 990, Par	rt X, line 2:	1, for	escrov	v or cu	stodial a	account lia	ability?	Yes		— lo
b	If "Yes	s," explain the arrange	ement in Part XIII	Check here	e if the exp	olanatı	on has	been	provide	d in Part :	XIII			
Pa	rt V	Endowment Fund												
			·	(a)Currer	nt year	(b) P	rıor yea	r	(c) Two y	ears back	(d)Three ye	ars back (e	•)Four yea	ırs back
1 a	Beginni	ng of year balance .												
b	Contrib	utions												
c	Net inve	estment earnings, gair	ns, and losses											
d	Grants	or scholarships	•											
		xpenditures for facilitie	es											
f	Adminis	strative expenses .												
g	End of y	year balance												
2 a		e the estimated perce designated or quasi-e	-	ent year end	d balance (line 1	g, colu	mn (a))) held a	is				
ь	Perma	nent endowment 🕨												
c		orarily restricted endov		ud ogust 100	004									
За	•	ercentages on lines 2a ere endowment funds		•		n thai	t are h	eld an	d admin	istered fo	r the			
Ju		zation by	not in the posses	351011 01 1110 1	organizacio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	c arc ii	cia aii	a aannii	istered to	i dic		Yes	No
	(i) un	related organizations										3a(i	-	
		lated organizations .										3a(i		
		s" on 3a(II), are the rel be In Part XIII the Inte	-		•			.? .				3b		
4 Pat	rt VI	Land, Buildings,			n a endowi	inent l	unus							
-(4)	L VI	Complete if the or			" on Form	า 990	, Part	IV, lı	ne 11a	. See Fo	rm 990, Pa	art X, line	10.	
	Descrip	otion of property	(a) Cost or oth (investme	her basıs	(b) Cost o						depreciation		Book valu	ie
1a	Land .						14	40,368						140,368
	Building													
		old improvements												
		ent					16	68,490			150,920			17,570
	Other							53 906			48 840			5 066

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII Investments—Other Securities.	Complete if the organizat	ion answe	rea res on r	orm 550, rare iv, mie 115.
See Form 990, Part X, line 12. (a) Description of security or cal (including name of security		(b) Book value	(c Cost o	c) Method of valuation r end-of-year market value
1) Financial derivatives				
2) Closely-held equity interests 3)Other	· · · · · · · ·			
A)				
3)				
))				
5)				
)				
5)				
H)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 1	2)			
Investments—Program Related. Complete if the organization answe		art IV line	11c See Form	n 990 Part Y line 13
(a) Description of investment		ok value	(0	c) Method of valuation
.)			Cost o	r end-of-year market value
2)				
3)				
, (1)				
· · · · · · · · · · · · · · · · · · ·				
· ·)				
· ')				
3)				
9)				
9) ntal. (Column (h) must equal Form 990, Part X, col (R) line 1	3 }			
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organize	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Sec	
otal. (Column (b) must equal Form 990, Part X, col (B) line 1.		n 990, Part	IV, line 11d Sei	e Form 990, Part X, line 15 (b) Book value
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Sei	
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organize.)	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Sei	
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. art IX Other Assets. Complete if the organize)	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Sec	
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize.)	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Sec	
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize.)	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Ser	
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organize)))	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Ser	
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organize () () () () () () () () () (ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Ser	
Other Assets. Complete if the organize Other	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Ser	
Other Assets. Complete if the organize Other	ation answered 'Yes' on Form	n 990, Part	IV, line 11d Sec	
Other Assets. Complete if the organize Other Liabilities.	ation answered 'Yes' on Form (a) Description (B) line 15)			(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 1. art IX Other Assets. Complete if the organiz)))))))))))) ptal. (Column (b) must equal Form 990, Part X, col (Part X) Other Liabilities. Complete if the Control See Form 990, Part X, line 25.	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description		n 990, Part IV,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize Other Liabilities. Complete if the organize See Form 990, Part X, line 25. (a) Description of liabilities.	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
Other Assets. Complete if the organize Other Liabilities. Complete if the organize See Form 990, Part X, line 25. (a) Description of liabilities. Federal income taxes	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize of the	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize of the	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize of the	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
Other Assets. Complete if the organization of the complete if	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
Other Assets. Complete if the organize Other Liabilities. Complete if the organize Other Liabilities. Complete if the organize See Form 990, Part X, line 25. (a) Description of liabilities. Other Liabilities. O	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
Other Assets. Complete if the organization of	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
Other Assets. Complete if the organization of the complete if the complete	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
Other Assets. Complete if the organization of	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value

1

2

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

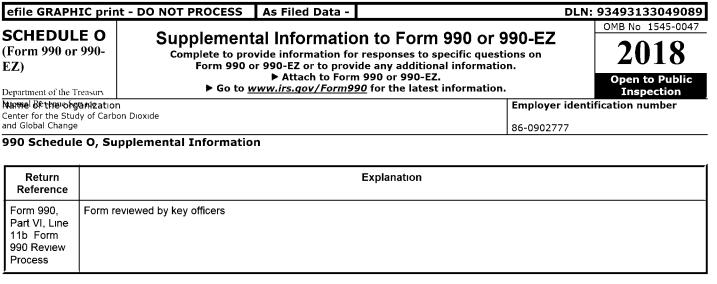
1

Schedule D (Form 990) 2018

Page 4

а	Net unrealized gains (losses) on inv	vestments	2a				
b	Donated services and use of facilities	es	2b				
С	Recoveries of prior year grants .		2c				
d	Other (Describe in Part XIII) .		2d				
e	Add lines 2a through 2d			. 2e			
3	Subtract line 2e from line 1			3			
4	Amounts included on Form 990, Pai	rt VIII, line 12, but not on line 1					
а	Investment expenses not included of	on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII) .		4b				
С	Add lines 4a and 4b			4c			
5	Total revenue Add lines 3 and 4c.	(This must equal Form 990, Part I, line 12)		5			
Par	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.						
1		ted financial statements		1			
2	Amounts included on line 1 but not	on Form 990, Part IX, line 25					
а	Donated services and use of facilities	es	2a				
b	Prior year adjustments		2b				
c	Other losses						
d	Other (Describe in Part XIII) .						
e	Add lines 2a through 2d			2e			
3	Subtract line 2e from line 1						
4	Amounts included on Form 990, Pai						
а	Investment expenses not included of	on Form 990, Part VIII, line 7b 🔒 🔒	4a				
b	Other (Describe in Part XIII) .						
c	Add lines 4a and 4b			4c			
5	Total expenses Add lines 3 and 4c	. (This must equal Form 990, Part I, line 18)	5			
Par	t XIII Supplemental Infor	mation					
		t II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide			4, Part X, line 2, Part		
	Return Reference	Explanation					

Schedule D (Fo	irm 990) 2018	Page 5	
Part XIII	Supplemental Info	rmation <i>(continued)</i>	
Return Reference		Explanation	
			Schedule D (Form 990) 2018



Return Reference Explanation

Form 990, Part VI. Line Available upon request

990 Schedule O, Supplemental Information

Part VI, Line
19 Other
Organization
Documents
Publicly
Available